

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREWilliam H. Booze, IV

Plaintiff

V.

Correctional Medical Service, et al.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

07-82

I, William H. Booze, IV

declare that I am the (check appropriate box)

☐ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees and costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER / SmyrnaInmate Identification Number (Required): 00256158Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

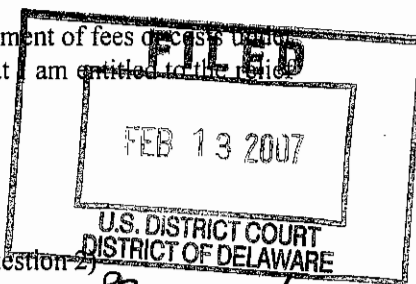
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input type="radio"/> Yes	<input checked="" type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? • • Yes • • No
- If "Yes" state the total amount \$ _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • • Yes • • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

DAUGHTER- KIRSTEN HEATOPHIA BOOZE "NONE"

I declare under penalty of perjury that the above information is true and correct.

11-22-06
DATE


SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

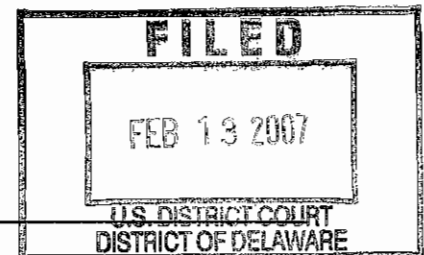
07-82

TO: William Booz SBI#: 256158

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: November 28, 2006



Attached are copies of your inmate account statement for the months of

May 1, 2006 to October 31, 2006

BP scanned

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>May</u>	<u>0</u>
<u>June</u>	<u>0</u>
<u>July</u>	<u>0</u>
<u>Aug</u>	<u>0</u>
<u>Sept</u>	<u>0</u>
<u>Oct</u>	<u>0</u>

Average daily balances/6 months: 0

Attachments

CC: File

Stacy Shane
11/28/06

Handwritten signature
11/28/06

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit: (-1702)

I further certify that during the past six months the applicant's average monthly balance was \$ 0 and the average monthly deposits were \$ 0

11/28/06
Date

Stacy Shane
Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

RECEIVED-D.C.C.

NOV 28 2006

SUPPORT SERVICES MANAGER

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold: (\$4.00)						
Total Amount Currently on Non-Medical Hold: (\$13.02)						

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold: (\$4.00)						
Total Amount Currently on Non-Medical Hold: (\$13.02)						

Date Printed: 11/28/2006

Page 1 of 1

Individual Statement**For Month of August 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00256158	Booze	William				
Current Location:	22	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Medical	8/4/2006	\$0.00	(\$4.00)	\$0.00	\$0.00	301838		7/26/06	
Supplies-MailP	8/24/2006	\$0.00	\$0.00	(\$1.11)	\$0.00	310181		8/15/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$4.00)**Total Amount Currently on Non-Medical Hold: (\$13.02)**

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold: (\$4.00)						
Total Amount Currently on Non-Medical Hold: (\$13.02)						

Date Printed: 11/28/2006

Page 1 of 1

Individual Statement**For Month of October 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00		
00256158	Booze	William						
Current Location:	22	Comments:						

		Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	10/10/2006	\$0.00	\$0.00	(\$6.65)	\$0.00	329884		9/27/06	
					Ending Mth Balance:	\$0.00			

Total Amount Currently on Medical Hold: (\$4.00)**Total Amount Currently on Non-Medical Hold: (\$13.02)**